



FARJAMI & FARJAMI LLP
AN INTELLECTUAL PROPERTY LAW FIRM

www.farjami.com

RECEIVED
CENTRAL FAX CENTER

JUL 29 2005

26522 La Alameda Avenue, Suite 360
Mission Viejo, California 92691
tel: (949) 282-1000
fax: (949) 282-1002

FACSIMILE TRANSMISSION COVER SHEET

Date: July 29, 2005

To: United States Patent and Trademark Office
Examiner: Jackson, Jakieda R.; Art Unit: 2655

Fax: (571) 273-8300

Re: **Application Serial No.: 09/761,033**
Filing Date: 1/16/2001; First-Named Inventor: Gao
Attorney Docket No.: 01CON346P

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 13

Message:

Enclosed please find the Amendment and Response to Non-Final Office Action dated April 29, 2005.

Thank you.

The documents accompanying this facsimile contain PRIVILEGED AND CONFIDENTIAL information intended only for use of the individual or entity named above. If you are not the intended recipient, disclosure, copying, distribution or use of the contents of this facsimile information is prohibited. If you have received this facsimile in error, please immediately notify us by telephone and return the original facsimile to us at the above address via U.S. Postal Service. We will reimburse you for all expenses incurred.

Attorney Docket No.: 01CON346P

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Gao, et al.SERIAL NO.: 09/761,033 FILED: January 16, 2001FOR: System for an Adaptive Excitation Pattern for Speech CodingHONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

No additional fee is required.
 The fee has been calculated as shown below:

| EXTENSION FEE | RATE Non-Small Entity | RATE Small-Entity | FEE |
|------------------------------------|--------------------------|----------------------|-----|
| FIRST MONTH AFTER TIME PERIOD SET | 120.00 | 60.00 | \$ |
| SECOND MONTH AFTER TIME PERIOD SET | 450.00 | 225.00 | \$ |
| THIRD MONTH AFTER TIME PERIOD SET | 1,020.00 | 510.00 | \$ |
| FOURTH MONTH AFTER TIME PERIOD SET | 1,590.00 | 795.00 | \$ |

TOTAL EXTENSION FEE \$ 0.00
 FEE FOR EXTRA CLAIMS added by Amendment in this response:

| | Column 1 | Column 2 | Column 3 | | | |
|--|--|----------------------------------|------------------------------|-----------------------------|----------------------|-----|
| | Number of Claims after Amendment | Number Previously Paid for | Number of Extra Claims | RATE Non-Small Entity | RATE Small Entity | FEE |
| TOTAL CLAIMS | 14 | MINUS **27 | * = 0 | x 50 | x 25 | \$ |
| INDEPENDENT | 2 | MINUS ***3 | * = 0 | x 200 | x 100 | \$ |
| First presentation of multiple dependent claim | | | | + 360 | + 180 | \$ |

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
 ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
 *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

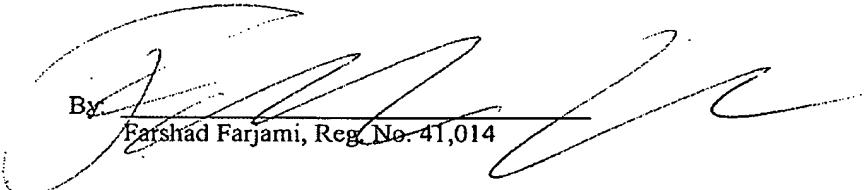
Attorney Docket No.: 01CON346P

Total fee for Supplemental Information Disclosure Statement \$

Enclosed is the total fee of \$ _____ (Payment by Credit Card, Form PTO-2038 Enclosed).

Please charge Deposit Account No. 50-0731 in the amount of \$

The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 7/29/05By 
Farshad Farjami, Reg. No. 41,014CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 571-273-8300 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.

Date 7/29/05Signature Name of Person Performing Facsimile Transmission Christina Carter

Farshad Farjami, Esq.
Farjami & Farjami LLP
26522 La Alameda Ave., Suite 360
Mission Viejo, CA 92691
Telephone: (949) 282-1000
Facsimile: (949) 282-1002

Attorney Docket No.: 01CON346P

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Gao, et al.SERIAL NO.: 09/761,033 FILED: January 16, 2001FOR: System for an Adaptive Excitation Pattern for Speech CodingHONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

No additional fee is required.
 The fee has been calculated as shown below:

| EXTENSION FEE | RATE Non-Small Entity | RATE Small-Entity | FEE |
|------------------------------------|--------------------------|----------------------|-----|
| FIRST MONTH AFTER TIME PERIOD SET | 120.00 | 60.00 | \$ |
| SECOND MONTH AFTER TIME PERIOD SET | 450.00 | 225.00 | \$ |
| THIRD MONTH AFTER TIME PERIOD SET | 1,020.00 | 510.00 | \$ |
| FOURTH MONTH AFTER TIME PERIOD SET | 1,590.00 | 795.00 | \$ |

TOTAL EXTENSION FEE \$ 0.00
 FEE FOR EXTRA CLAIMS added by Amendment in this response:

| | Column 1 | Column 2 | Column 3 | | | |
|--|--|----------------------------------|------------------------------|-----------------------------|----------------------|-----|
| | Number of Claims after Amendment | Number Previously Paid for | Number of Extra Claims | RATE Non-Small Entity | RATE Small Entity | FEE |
| TOTAL CLAIMS | 14 | MINUS **27 | * = 0 | x 50 | x 25 | \$ |
| INDEPENDENT | 2 | MINUS ***3 | * = 0 | x 200 | x 100 | \$ |
| First presentation of multiple dependent claim | | | | + 360 | + 180 | \$ |

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
 ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
 *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

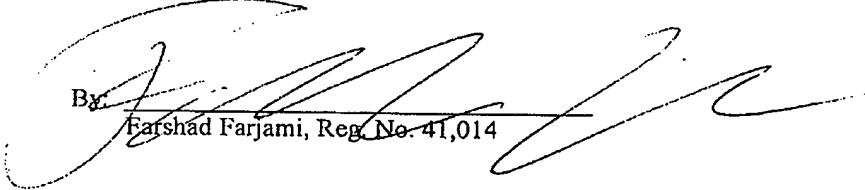
Attorney Docket No.: 01CON346P

Total fee for Supplemental Information Disclosure Statement \$

Enclosed is the total fee of \$ ____ (Payment by Credit Card, Form PTO-2038 Enclosed).

Please charge Deposit Account No. 50-0731 in the amount of \$

The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 7/29/05By 
Farshad Farjami, Reg. No. 41,014CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 571-273-8300 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.

Date

7/29/05

Signature

Christina Carter

Name of Person Performing Facsimile Transmission

Farshad Farjami, Esq.
Farjami & Farjami LLP
26522 La Alameda Ave., Suite 360
Mission Viejo, CA 92691
Telephone: (949) 282-1000
Facsimile: (949) 282-1002

Attorney Docket No.: 01CON346P
Serial No.: 09/761,033RECEIVED
CENTRAL FAX CENTER
JUL 29 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | |
|---|-------------------------------|
| Applicant(s): Yang Gao | Group Art Unit: 2655 |
| Application Serial No.: 09/761,033 | Examiner: Jackson, Jakieda R. |
| Filed: January 16, 2001 | |
| Title: System for an Adaptive Excitation Pattern for Speech Coding | |

AMENDMENT AND RESPONSE TO NON-FINAL OFFICE ACTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Examiner:

This Amendment and Response is submitted in response to the *Non-Final* Office Action, dated April 29, 2005, in the above-referenced patent application. Please consider the following remarks.